

## Child Welfare Practice Guidance during COVID-19 Crisis

### Purpose

The purpose of this document is to ensure that mandated child welfare services continue to be delivered while maintaining the safety of our children, families, resource parents, and our workforce as much as possible. Regular updates to the information and guidance will be provided as this remains an evolving event.

### Guidance for Child Protective Services

***The challenge we face is how best to protect children, staff and family during this challenging and fluid situation. We start with three basic premises:***

- 1) Child Protective Services (CPS) is an essential service responsible for assuring the safety of children who are suspected or who have been found to be abused, neglected or dependent. Face-to-face (F2F) contact between CPS workers and children has long been a cornerstone in assuring children are safe.***
- 2) CPS also has a responsibility to make working conditions for CPS staff as safe as possible. CPS cannot adequately protect children if it does not also protect staff.***
- 3) The COVID-19 virus represents an unprecedented challenge. Because of the nature of the virus, face-to-face contacts required in CPS policy carry a risk of contagion to staff, to children, and to the adults in children's lives responsible for their care and safety. The risk to the child of not having a face-to-face visit must be weighed against the risk of contagion when deciding whether an otherwise required face-to-face visit should take place and how it should be modified to reduce overall risk. Additionally, each county may need to make decisions in the context of the changing reality of their staff resources.***

***What are the situations in which a face to face visit remains most critical to assure safety?***

1. An initial face-to-face initiation is a critical element to assuring safety when CPS receives a new report accepted for investigative or family assessment.
2. Face-to face initiations are even more critical for the following categories of accepted reports:
  - a. Any report that would require immediate response
  - b. Reports including serious domestic violence
  - c. Reports including serious substance abuse or mental concerns
  - d. Reports involving very young children especially reports in which young children are alleged to have suffered injuries
  - e. Reports from households in which a child has previously died or experienced serious harm as a result of abuse or neglect
  - f. Reports from households with a child who was recently returned to a home from which the child was removed
  - g. Other reports that in the professional judgment of the county staff represent elevated risk
3. Follow up visits should be prioritized in CPS assessments when children have been found to be conditionally safe and when continued monitoring is needed to assure ongoing safety and adherence to a safety agreement.
4. Face-to-face visits should be prioritized for CPS in-home services when continuing monitoring is needed to assure ongoing safety and adherence to safety agreements.

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5. Face-to-face visits should be prioritized whenever a child is moving to a new household as part of a safety agreement.

### ***What alternative strategies to face to face visits can be considered to assure safety and promote well-being?***

1. Counties should consider whether a video conferencing option is available, feasible and consistent with maintaining child safety.
2. When a video conferencing option is not available, counties can consider whether a telephone contact is consistent with maintaining child safety.
3. Counties should consider whether other persons in or close to a child's household can provide reliable and accurate information about a child's safety. In making this determination, counties may want to consider the number of people who can provide information, their access to accurate information, and their motivation to share accurate information with the county.

### ***What are some face to face CPS visits that could be done virtually?***

1. Visits with non-custodial parents who were not alleged to be perpetrators
2. Visits with children in Temporary Parental Safety Placements when there are no concerns about the child's safety
3. Visits with biological parents when children are placed in Temporary Safety Placements
4. Follow up visits with older youth and their parents when the youth have access to cell phones, and it is feasible to believe youth would be forthcoming in sharing concerns about their safety.
5. Cases that remain open pending Child Medical Exams with no threat to child safety

### ***What are some ways of limiting the number of face to face contacts needed?***

1. Ask questions about the family's needs at Intake so that relief can be provided at initiation such as providing food assistance if that is a concern
2. Preplan initiation so that all relevant information can be addressed at first home visit This includes the following:  
Background Checks: CW Assist, WORM  
Consider families service needs and referrals needed  
Contact any collaterals on the report prior to initiation so that there are no surprises

### ***What if children need referrals to outside providers to ensure safety or assist in CPS Assessments?***

1. Agencies should continue to make referrals as normal to the CMEP (Child Medical Evaluation Program) and CFEP (Child Family Evaluation Program) and follow the guidance given by the provider for the scheduled visit
2. Agencies should continue to make referrals to community providers as normal, working with the provider for the best way to serve the family following community and statewide ordinances during the COVID 19 pandemic. (4/2/2020)

## ***Intake***

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In Section V: Safety Factors of the CPS Intake Form contains the following question: *“Are you aware of any safety problems with a social worker going to the home? If so, what?”* The child protective services intake worker should also inquire about exposure to COVID-19, for example:

*“Has the family been exposed to any infectious diseases or have symptoms of an upper respiratory illness? Infectious diseases include the COVID-19 virus. This is a contagious upper respiratory illness that shows symptoms such as cough, fever, and shortness of breath.”*  
(3/19/2020)

### **Initiation of CPS Assessments**

CPS workers making home visits should follow the safety procedure outlined by Public Health officials and as shared below when initiating Child Protective Services reports:

- Staff maintain 6 feet or more when interacting with all individuals to the extent possible
- Within the first few minutes of the home visit, ask if anyone in the home is currently sick, or has been sick within the last 14 days
- If any person in the home answers affirmatively, gather more information about the individual's symptoms (fever, cough, etc.), proceed with the visit and take reasonable precautions which include:
  - Putting on an isolation/surgical face mask and gloves (NOT N95)
  - Maintaining 6 feet or more distance, if possible
  - When the home visit is concluded step outside the home and discard the face mask and gloves in a disposable bag
  - Dispose of bag
  - Sanitize hands

If all persons in the home answer no, proceed with visit  
(3/12/2020)

When the family is preventing access to the child amid concerns over exposure/sickness from COVID-19 and it can't be confirmed, the filing of an interference petition may be necessary. (3/19/2020)

### **Guidance for Child and Family Team Meetings across all Program Areas**

Child and family team meetings may be held through videoconference or telephone conference. (3/17/2020)

### **Guidance for Permanency Planning**

#### ***Placements for children who are exhibiting symptoms and in need of medical evaluation regarding COVID-19***

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The Division of Social Services has identified a placement provider who has offered their services to care for children who are entering foster care exhibiting symptoms or in need of a medical assessment for COVID-19. Please see the information about the services available from Baptist Children's Homes below:

Baptist Children's Homes of North Carolina is prepared to receive children coming into foster care who are exhibiting symptoms and in need of medical assessment for COVID-19. Baptist has carefully planned for the care of these children. They will be isolated from the general campus population and cared for by staff identified specifically for this work in one of two designated cottages, either on the Mills Home Campus in Thomasville, NC or on the Kennedy Home Campus in Kinston, NC.

**To make a referral for a child who you have identified as requiring this specific type of placement please contact:**

Blackwell Cottage at Mills Home in Thomasville, NC  
Phone Number: 8:30 to 5:00 p.m. Monday - Friday is 1-800-476-3669  
After Hours and weekends: 336-906-1974  
Regina Keener -- West Central Regional Director

Or

Bryant Cottage at Kennedy Home in Kinston, NC  
Phone Number: 8:30 to 5:00 Monday-Friday is 1-252-522-0811  
After Hours and weekends: 1-252-527-4422  
Chris Allabaugh -- Eastern Regional Director

### ***Health Screening Questions for Children Entering Foster Care:***

***Social workers can utilize the following screening questions for children/youth entering foster care. Depending on the age/development of the child the social worker may need to ask the child's parent/caretaker the screening questions.***

1. Have you tested positive for the COVID-19 virus, have you had direct contact with any person who tested positive or have you been tested because of concerns for COVID-19 symptoms within the last 14 days?
  2. Do you have any symptoms of a respiratory infection (e.g., cough, fever, or shortness of breath) now or in the last 7 days?
- If any of the individuals respond "Yes" to any of the questions, the individual may be at risk for having COVID-19. If there are concerns or questions, the social worker should contact the child's medical home first or another primary care medical provider who can talk to the social worker about whether or not the child needs to be seen or can be managed at home.

Additional resources developed by the CDC include an online Coronavirus Symptom Checker which can be found here:  
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

### ***Scheduled Medical Appointments for Children/Youth Entering Foster Care***

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The caretaker of any children/youth entering care, or in the custody of the Department of Social Services, and, who are exhibiting symptoms of coronavirus disease 2019 (COVID-19) should contact the child's medical home first or another primary care medical provider to ensure their healthcare needs are met. Primary care providers will determine if the medical care is necessary.

**7-Day Physical Examination:** Social workers should call the child's primary care provider (medical home) first or another primary care provider to request and schedule a virtual (audio and video) telemedicine visit for this initial assessment. The primary care provider will determine the need for a child to come in for a face to face visit based on the assessment of the child during the virtual or telephone visit. Exceptions to using telemedicine or phone visits are for infants and children under 2 years of age. These children should be prioritized for immunizations and physical evaluations in person in the office.

**30 day comprehensive visit:** Social workers should call the child's primary care provider (medical home) first or another primary care medical provider to request and schedule a virtual (audio and video) telehealth appointment for a 30 day visit. It is encouraged that the foster care social worker AND foster parent be part of this visit to the extent possible. The primary care provider will determine the need for a child to come in for a face to face visit based on the assessment of the child during the virtual or telephone visit. Exceptions to using telemedicine or phone visits are for infants and children under 2 years of age. These children should be prioritized for immunizations and physical evaluations in person in the office. For older children, a full well visit may need to be scheduled for a future date. Please have foster parents talk to the primary care provider to determine if this is needed.

**Follow-up health visits within 60-90 days of placement/placement changes:** Social workers should call the child's primary care provider (medical home) first or another primary care provider to request and schedule a virtual (audio and video) telehealth appointment for these visits. It is encouraged that the foster care social worker AND foster parent be part of this visit to the extent possible. The primary care provider will determine the need for a child to come in for a face to face visit based on the assessment of the child during the virtual or telephone visit. Exceptions to using telemedicine or phone visits are for infants and children under 2 years of age. These children should be prioritized for immunizations and physical evaluations in person in the office. For older children, a full well visit may need to be scheduled for a future date. Please have foster parents talk to the primary care provider to determine if this is needed.

**Other health concerns (injuries, illnesses and concerns about COVID-19 symptoms) for children currently in care:** Social workers should call the child's primary care provider (medical home) first or another primary care medical provider to request a virtual (audio and video) telemedicine visit for these other needs as they come up such as injuries or illnesses. It is encouraged that the foster care social worker AND foster parent be part of this visit to the extent possible. If the foster parent is not able to do a virtual visit, the child may need to have the visit with the primary care medical provider using the telephone only with the foster parent and child. The primary care provider will determine the need for a child to come in for a face to face visit based on the assessment of the child during the virtual visit.

**Health Summary Forms:** Completion requirements remain unchanged. (4/9/2020)

### ***Reunification Cases Needing Moving Forward***

The Division has received information that there are children in foster care scheduled to be reunified but who cannot do so due to the impact on the court system by the current COVID-19 pandemic. There are options for moving these cases along so that children are not

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kept in foster care placements any longer than necessary. Counties are encouraged to use whatever remote technology they have access to in order to have the hearings necessary to move these cases along. Consent orders may also be utilized in these situations. So long as your county meets the requirements under Rylan's Law regarding observation of visits and the agency believes that the home is safe for the child to return to, you may recommend placement of the child back in the home from which the child was removed. We encourage you to speak with your attorneys about options for obtaining orders in these cases, and to work with your District Court Judges and Guardian ad Litem programs to find the solutions that work best for your county. (4/3/2020)

### ***Regarding Findings of Contrary to the Welfare (CTW)/Best Interests (BI) and Reasonable Efforts (RE) to Prevent Removal***

Courts MUST make a finding or conclusion with CTW/BI language in the initial order separating them from their parents or guardians. The current AOC J-150 (revised date 10/19) has CTW/BI and RE language and will suffice if filled out correctly.

### ***Regarding Reasonable Efforts (RE) to Achieve the Permanent Plan***

A RE finding is required "at least once every 12 months" per federal regulation. If a county is due for their RE finding in March but do not have a hearing, it does not automatically mean they are ineligible for reimbursement. The requirement is that they have a finding once every 12 months, so they can look backwards at their most recent hearing before March and see if that hearing has the language they need. If the finding cannot be made timely (or one found looking backwards), then eligibility for that child will be suspended until such time as an order with the requisite findings can be entered.

### ***Federal IV-E Review***

ACF has informed the Division that the IV-E review scheduled for June 22<sup>nd</sup> – June 26<sup>th</sup> will be postponed. Tentatively, the weeks of August 24<sup>th</sup> or September 28<sup>th</sup> are being explored with ACF. The Division has also been informed that neither the sample nor the PUR will be changed. (3/31/2020)

### ***Afterhours Assistance for Placement of COVID-19 Positive Child***

For assistance regarding placement of a child identified as positive for COVID-19, please call (919) 527-7244 for assistance after 5pm or on the weekend. During business hours, please begin with your regional child welfare consultant or their supervisor:  
<https://www.ncdhhs.gov/divisions/social-services/county-staff-information/local-support-staff-schedules/regional-child>. (3/27/2020)

### ***Court Ordered Visitation***

For parents who have court-ordered visitation, it is the Division's recommendation that counties reach out to those parents and request their consent to temporarily cease in-person visitation. Parents may agree to having video (FaceTime, Skype, etc.) or telephone visitation. For those that do not, the visitation must continue, unless the director makes a good faith determination that the visitation plan is not consistent with the juvenile's health and safety, the director may temporarily suspend all or part of the visitation plan pursuant to 7B-905.1(b). If the Director suspends visitation under this provision, then they should consult with their attorney to ensure the law is followed with regard to filing a motion if the circumstances warrant.

Directors are encouraged to collaborate with the district court judge presiding over juvenile court and the Guardian ad litem office as decisions to suspend visits for children in foster care are made. Notification to parent attorneys is also recommended. (3/20/2020)

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### **Monthly Foster Care Placement Visits**

Use of videoconferencing or any other similar form of technology between the child and the worker is permissible in limited circumstances, as follows:

- Circumstances beyond the control of the child welfare worker, child, or foster family, such as a declaration of an emergency that prohibits or strongly discourages person-to-person contact for public health reasons;
- A child, foster parent or caregiver, or child welfare worker whose severe health condition warrants limiting person-to-person contact; and,
- Other similar public or individual health challenges.

Child welfare workers must adhere to timeframes and document the specific circumstances that warrant the use of videoconferencing and similar technology to accomplish monthly foster care placement visits. (3/18/2020) **The virtual visits may count as in the home.** (4/17/2020)

### **Foster Care 18-21**

Until further notice, the Foster Care 18-21 policy prohibiting young adults in foster care from living with removal parents is waived if such young adults are college students who live on college campuses that have been closed due to precautions related to COVID-19. This means that such young adults can continue to receive foster care 18-21 board payments if they return to the home of their parents from whom custody was removed. (3/12/2020)

DHHS/DSS Child Welfare has some emergency funds available for youth who are eligible for Chafee or Education and Training Vouchers. If youth need financial assistance for interim housing or other living expenses, please contact [Erin.connor@dhhs.nc.gov](mailto:Erin.connor@dhhs.nc.gov). (3/17/2020)

### **Foster Home Licensure Information and Guidance**

#### **For all supervising agencies:**

Fire inspections for foster families whose license is due to be renewed can be waived under the following circumstances; the home has had a satisfactory fire and building inspection completed within the previous 30 months and can attest to the standards set forth in 10A NCAC 70E .1108 (b). The supervising agency will provide a copy of the previously completed fire inspection and the attestation form (attached) to the foster home licensing office. Any foster home relicensed under these terms must obtain a fire inspection within 60 days of the termination of the governor's executive order number 130. Some fire inspectors are continuing to conduct inspections either in-person or by video conferencing.

Regarding medical exams for relicensing a family, 10A NCAC 70E .0704 (b) requires updated medical examinations of the members of the foster home to be completed and dated within 12 months prior to submitting materials for relicensure. Please encourage families who are due to be relicensed to contact their medical providers and request telehealth appointments for an updated medical exam or,

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if they have had a medical exam within the past 12 months, to request documentation of that exam. If the foster family is unable to obtain current medical exams the agency can submit a request for waiver of this rule on a case-by-case basis to the foster home licensing office with the license renewal request.

NC DSS will consider waivers for 10A NCAC 70E .1001 foster home capacity when children require emergency placement on a case-by-case basis. All capacity waiver requests should include specific information supporting the request and should be time limited.

Quarterly visits with foster families for the purpose of assessing licensing requirements under 10A 70E .1113 and 70E .0704 (a-d) may take place via telephone, skype or facetime with an approved waiver.

### **For Private Agencies:**

Monthly face-to-face contact required under 10A NCAC 70G .0503 (m) and (q) between your agency's social worker or case manager with children in family foster care and therapeutic foster care and foster parents may take place using virtual video conference technology, that may include skype or facetime, with an approved waiver. The safety and well-being of the children must be adequately assessed during the virtual visit. Documentation of these visits should include the type of medium used for the virtual visit.

Sixty minutes of supervision to be provided weekly with therapeutic foster parents as required under 10A NCAC 70G .0503 (q) may be provided via telephone, skype or facetime with an approved waiver. Documentation of these visits should include the type of medium used for the virtual visit.

Requirements for medical and dental examinations under 10A NCAC 70G. 0510 to occur within specific parameters upon admission may occur outside of the required timeframes with an approved waiver.

Pre-populated waiver request forms containing the Administrative Rules noted above can be found at: <https://www.ncdhhs.gov/divisions/social-services/county-staff-information/county-director-letters#child-welfare-services>. These should be used to make a request for waiver of these Administrative Rules to the licensing authority or the foster home licensing office. Please add your agency information to the top section of the form. Submit requests for individual foster homes to the foster home licensing office. Submit the waiver request for private agency licensing requirements via email **to your assigned Program Consultant.** (4/17/2020)

### **Information Regarding Training**

#### **Training Update**

Participants who were enrolled in trainings that were cancelled will be enrolled in those courses that are now being offered remotely. They will receive notification through the registrar. For clarity, the courses continuing currently are:



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- Pre-Service Training
- Intake
- CPS Assessments
- In-Home Services
- Permanency Planning
- Legal Aspects
- Medical Aspects

Additionally, these are not online on-demand courses, but remote online courses led by trainers and require participants to be engaged and interact. (4/3/2020)

### **March 16-20, 2020**

All trainings were cancelled with the following exceptions:

- Intake training occurred via Zoom as a pilot for alternatives during the COVID-19 crisis
- Pre-service training in its 3<sup>rd</sup> week was completed in Onslow County
- Pre-service training in Greensboro completed week 1 online modules (2<sup>nd</sup> week is postponed to 3/31/2020)

### **March 23-27, 2020**

The only training that will occur is:

- Pre-service training in Charlotte will begin with week 1 online modules

### **Effective March 30, 2020**

The following courses that were already scheduled will be held remotely:

- Pre-Service Training
- Intake
- CPS Assessments
- In-Home Services
- Permanency Planning
- Legal Aspects
- Medical Aspects

Participants in these courses can expect to receive information from their trainer regarding their course that will include directions and a link for the class. Other courses may be added in time and communication will be sent should that occur. All on demand and online courses that were available on NCSWlearn.org remain available. Should you have questions regarding training please contact Tammy Shook at [tammy.shook@dhhs.nc.gov](mailto:tammy.shook@dhhs.nc.gov) or Teresa Strom at [Teresa.strom@dhhs.nc.gov](mailto:Teresa.strom@dhhs.nc.gov). (3/19/2020)

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### **Resources**

[www.ncdhhs.gov/coronavirus](http://www.ncdhhs.gov/coronavirus)

<https://www.ncdhhs.gov/divisions/social-services/covid-19-information-local-social-services-agencies>